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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/789,452			ing Date 27/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NUMBER				LED NUM		MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	CFR 1.16(i)		minus 20 =					x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawi sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	he difference in colo	r "0" in col		TOTAL	<u> </u>	J	TOTAL						
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	10/05/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 46	Minus	<b></b> 52		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 7	Minus	9		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write 0° in column 3.  If the "Highest humber Perviously Paid For IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2".  If th												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.